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TM 8-255

WAR DEPARTMENT TECHNICAL MANUAL

TERMINAL PHYSICAL EXAMINATION ON SEPARATION FROM MILITARY SERVICE

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TM 8-255, Terminal Physical Examination on Separation from Military Service, is published for the information and guidance of all concerned.

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BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL
Chief of Staff.

OFFICIAL:
EDWARD F. WITSELL,
Major General,
Acting The Adjutant General.

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SECTION I

INFORMATION AND INSTRUCTIONS

	Paragraph
Purpose	1
Publication	2
Objective	3
Responsibility	4
Facilities for physical examination	5
Line of duty determination	6
Temporary limited service personnel	7
Observation for diagnostic purposes	8

1. Purpose.

a. To establish the standards and procedures to be followed in the terminal physical examination of military personnel prior to separation and relief from active duty.

b. These instructions will apply to all officers and enlisted personnel who are to be separated, including all female military personnel.

2. Publication.

Medical examiners should read every section of this manual in order to have a thorough knowledge of the objectives of the terminal physical examination. Each medical examiner and administrative officer should read every section of these instructions and familiarize himself with Technical Manual 12-222, Separation Center Operations, in order to have a thorough knowledge of the objectives, procedures, and reports of the terminal physical examination.

3. Objectives.

The objectives of the terminal physical examination are as follows:

a. To accomplish a thorough and complete physical examination prior to each individual's separation from the military service or relief from active duty. It is emphasized that the terminal physical examination is a fact-finding examination.

b. To record all physical defects, giving diagnosis, degree (such as mild, moderate, or severe) and the extent of incapacitation in order to protect the Government and the individual in the event of future claims. For this purpose the nomenclature prescribed in AR 40-1025 and AR 40-1010 will be used.

c. To prevent the return of military personnel to civilian life who have infectious, organic, or functional disease, or other disabilities, until

appropriate treatment or disposition can be provided. Cases of communicable disease, including active tuberculosis, will be hospitalized for treatment and disposition.

4. Responsibility.

The requirements set forth in this manual are applicable to all installations at which military personnel are processed for separation from active military service. The commanding officer of each such installation is responsible for the accomplishment of the procedures outlined herein.

5. Facilities for physical examination.

Ample space, adequate light, and suitable toilet facilities must be provided. During cold weather, examining rooms must be made comfortable for nude individuals; adequate ventilation is especially important during the summer months and when a large number of men are examined at one time. The chief medical examiner, each internist, and each neuropsychiatrist should have separate examining rooms. If rooms cannot be provided, they will be improvised with suspended canvas or sheets. Rooms for testing vision will be at least 24 feet long. Rooms for testing hearing will be at least 20 feet long and so constructed that external noise is excluded. A suitable dark-room should be provided for special examination of the eyes and nasal accessory sinuses. Suitable facilities for performing laboratory examinations will be provided. Each room will be provided with chairs for the examiner and for the men held for more detailed examinations. Adequate provision will be made for the storage of the clothing of men while they are undressed. Responsible attendants will be detailed to receive, safeguard, and return the clothing of examinees. Examinees will be advised to carry valuables in their hands. A notice to the effect that no responsibility will be assumed by the examining station for lost valuables will be posted in the dressing and undressing spaces.

6. Line of duty determination.

Line of duty determination will be made in accordance with existing regulations. However, the individual's discharge or return to inactive status will not be delayed pending receipt of information from other sources. To prevent delay in doubtful cases with insufficient information for determining the line of duty status, the individual's affidavit and other available information will be utilized in the determination. If adequate information is not available to determine line of duty status, the statement "undetermined" will be entered in the appropriate space on the report of physical examination. In such cases the cause for non determination of line of duty will be recorded under remarks on the physical examination report form.

7. Temporary limited service personnel.

If an individual, officer or enlisted, has been ordered to a center for separation and it is found that he is presently classified as temporary limited service and the time period of the limited service classification has not yet elapsed, the case will be carefully evaluated by the review board and the case disposed of by one of the following methods.

a. Separated if the results of the physical examination indicate

that the physical defect has improved so that the individual may be placed in Class A. (See par. 9 a below)

b. Ordered into the hospital for consideration and proper disposition of the case.

8. Observation for diagnostic purposes.

A period of three (3) days beyond the usual time alloted for separation is authorized for the study, observation and special examination of those cases whose physical and/or mental status cannot be otherwise evaluated. Cases will be hospitalized if more than the three (3) days referred to above is required in order to arrive at the proper diagnosis and disposition.

SECTION II

CLASSIFICATION AND TREATMENT

	Paragraph
Physical classification	9
Criteria for classification	10
Treatment	11

9. Physical classification.

For the purpose of separation, individuals will be classified and placed in one of three categories as follows:

a. Class "A"--Those individuals who conform to the physical standards prescribed for discharge without further examination or treatment. (See par. 10 a.)

b. Class "B"--Those individuals whose immediate separation must be delayed because special study and/or treatment is indicated prior to classification in Class "A" or Class "C" and those cases which require action by a board of review. (See par. 10 b.)

c. Class "C"--Those individuals who have defects which necessitate action by a disposition board and/or retiring board as in the case of officers, or enlisted men with over 20-years' service, or a Certificate of Disability for Discharge Board in the case of enlisted personnel with less than 20-years' service.

10. Criteria for classification.

a. Individuals will be placed in Class "A" and disposed of in accordance with current directives, who: (1) meet the respective standards for appointment, enlistment or induction; (2) entered upon extended active duty in a limited service capacity and have been able to perform such service in a satisfactory manner; and (3) have no physical or mental defects other than:

(a) Those nonprogressive defects not designated in AR 40-100, AR 40-105, or MR 1-9, existing prior to appointment, enlistment, or induction, not considered incapacitating for military service by the examining authority at the time of entrance of the individual into the military service.

(b) Previously unrecognized or unrecorded defects considered by the separation examining medical officers as clinically nonsignificant and unlikely to interfere with satisfactory performance of duties in a civilian occupation.

b. Individuals will be placed in Class "B" and held for special medical study, or treatment in accordance with the policy as stated in par. 11,

who have:

(1) Temporary incapacitating physical or mental defects, or history of tropical disease, venereal disease in an infectious state, or syphilis with inadequate treatment. (For special instructions see par. 11 below and Sections X, XI, and XII.)

(2) Permanent nonprogressive defects which are not incapacitating, but are in excess of those specified in par. 10 a above as acceptable for immediate discharge or transfer to the officers or enlisted reserve corps.

(3) Defects which may be of progressive character. In such cases determination will be made as to appropriate further studies and treatment.

Upon completion of study or treatment as outlined in (1), (2), and (3) above, the individuals concerned will be placed in Class "A" or Class "C".

c. (1) Individuals will be placed in Class "C" who:

(a) Are not capable of performing limited service duties because of permanent physical incapacity, although currently in a limited service status;

(b) Are not capable of performing any type of military duty because of permanent physical incapacity, irrespective of whether they are currently serving in a general or limited service status;

(c) In the case of officers who entered upon extended active duty in a general service capacity and were later reclassified as permanently fit for limited service only by action other than an Army retiring board;

(d) In the case of an officer or enlisted man with over 20-years' service about to be relieved from active duty who is already in a retired status by reason of a physical disability, and who, while serving under temporary appointment in a higher grade, is found to have an aggravation of the physical defect for which he was previously retired or to have incurred an additional permanently incapacitating defect;

(e) In the case of an officer or enlisted man with over 20-years' service about to be relieved from active duty who is already in a retired status for reason other than physical disability and who is found to have a physical defect which is permanently incapacitating for the physical classification in which he is currently serving.

(2) Officers, or enlisted men with over 20-years' service, who are not capable of performing general service duties because of permanent physical incapacity, although currently in a general service status will be placed in Class "C" and referred to a disposition and retiring board for appropriate action.

(3) Enlisted individuals with less.than 20-years' service who have definite permanent physical or mental defects which are incapacitating

for military service and/or of such nature as to prevent satisfactory performance of duties in a civilian occupation will be separated under AR 615-361 rather than in accordance with the directive under which he was referred to the separation center. However, in these cases, the type (WD AGO Form 53-55, 53-56, or 53-57) of discharge certificate previously directed ordinarily will not be changed.

(4) AR 40-100, AR 40-105, and MR 1-9 in effect will serve as a guide only in determining incapacitation for military service. Medical judgment will be followed in determining whether any defect is likely to interfere with satisfactory performance of work in civilian life. Procedure for separation of enlisted personnel on Certificate of Disability for Discharge will be in accordance with current regulations. (See par. 14)

d. Individuals who possess undesirable habits or traits of character, if officers, will be recommended for reclassification under the provisions of AR 605-230; if enlisted men, will be separated from the service under the provisions of AR 615-368 or AR 615-369.

e. A review board of medical officers at each separation center will act on cases in which an individual claims disability from defects not considered of incapacitating character by the medical officers responsible for the classification, or when there is disagreement among the medical officers concerned. In the case of an individual who claims disability, and both the medical examiners and the review board find no disability, the individual will be separated without reference to a retiring board or Certificate of Disability for Discharge Board as indicated. If reasonable doubt exists concerning the presence of the disability, the officer will be referred through the channels set forth in Army regulations for consideration by a retiring board and enlisted personnel referred to a Certificate of Disability for Discharge Board. By "reasonable doubt" is meant a substantial doubt, one within the range of probability and not based solely upon pure speculation or remote possibility. A report of the proceedings of the board of review similar to that required for enlisted men on reverse side of WD AGO Form 38 will be made for officers who appear before the Review Board. This report will be attached to the report of terminal physical examination on WD AGO Form 63.

11. Treatment.

a. An individual who has an acute or infectious disease or conditions apt to endanger his life or immediate welfare will not be separated from the service until such treatment has been given as to render separation safe for himself as well as others.

b. Remediable defects, incident to the service or aggravated by service, if incapacitating or likely to interfere with the performance of duties in military or civilian life, will be given appropriate treatment if the individual so desires.

c. When the discharge certificate (WD AGO Forms 53-55, 53-56, or 53-57) has been delivered, actually or constructively, to an enlisted individual, his status as a soldier ceases and the Army's responsibility for rendering medical service to him because of such status is terminated. After the enlisted individual has been discharged, he is no longer eligible for admis-

sion to an Army hospital unless he falls within any of the categories listed in par. 6 b, AR 40-590, other than par. 6 b (1).

d. Officers on terminal leave are members of the Army and are eligible for admission to Army hospitals until completion of terminal leave. However, if an officer is admitted to an Army hospital, he ceases to be on terminal leave and is considered to be on a patient status while in an Army hospital. When an officer on terminal leave is admitted to an Army hospital, the commanding officer of the hospital will notify the commanding officer of the separation center where the officer was stationed when placed on terminal leave, in order that the officer's status may be properly entered on the records of the separation center.

e. If an officer is found to have a defect requiring treatment and/or appearance before a disposition board, he will be transferred to the local station hospital for proper disposition. He may be treated at the station hospital or transferred to another hospital for specialized treatment in accordance with current directives.

SECTION III

MEDICAL EXAMINING BOARDS

	Paragraph
Personnel of examining boards	12
Personnel of review boards	13
Personnel of Certificate of Disability for Discharge boards	14
Disposition and retiring boards	15

12. Personnel of examining boards.

a. Medical examining boards will consist of a chief medical examiner who will be responsible for the proper functioning of the board, and such other medical and dental officers as are necessary, together with a complement of nurses (see par. 18) when indicated and enlisted or civilian personnel in sufficient numbers to perform properly the clerical, technical, and other duties required.

b. (1) Charts No. 1 and No. 2 indicate the suggested officer and enlisted members of examining teams proposed for processing from seventy-five (75) to one thousand eight hundred (1800) males, officers and enlisted, per day. Chart No. 3 indicates suggested additional special personnel to examine female personnel. These charts are to be used as guides only to insure satisfactory physical examination, since conditions may vary at different stations.

Charts showing suggested table or organization for Separation Centers showing the composition of the medical examining team in relation to the number of personnel examined.

CHART I

Average number examined per day	75	100	150	200	300	400	500	600	800	1000	1800
OFFICER PERSONNEL											
Chief medical examiner.....	1	1	1	1	1	1	1	1	1	1	1
Roentgenologist.....	1	1	1	1	1	2	2	2	2	3	5
Laboratory Officer.....	1	1	1	1	1	2	2	2	2	2	3
Dentists.....	1	1	1	2	2	3	4	4	6	8	12
Eye, ear, nose & throat specialist.....	2	2	2	3	4	5	6	7	10	12	21
Orthopedist.....	1	1	1	1	1	2	2	2	4	4	6
Surgeon.....	1	1	1	1	1	2	2	2	4	4	6
Internists (one experienced in tropical diseases.....	1	1	2	2	3	4	5	6	8	10	18
Psychiatrists.....	1	1	1	1	1	2	2	2	3	3	4
Medical officers, assistants...	1	2	3	4	5	7	8	9	14	16	27
MAC officers, administrative assistants.....	1	1	1	2	2	3	4	4	6	8	12
Psychologist.....	1	1	1	1	1	1	1	1	1	1	1
TOTAL	13	14	16	20	23	34	39	42	61	72	116

CHART 2

Enlisted Personnel

Average number examined per day	75	100	150	200	300	400	500	600	800	1000	18000
Noncom. officers (in charge of property & supervising enlisted personnel.).....	2	2	3	3	4	5	5	5	10	10	15
Dental technicians.....	1	1	1	2	2	3	4	4	6	8	12
Medical clerk-typists.....	2	3	4	5	6	8	10	12	16	20	30
Stenographer.....	1	1	1	1	1	2	2	2	4	4	6
Laboratory technicians.....	3	3	4	4	5	7	8	9	14	16	24
X-ray technicians.....	1	1	2	2	2	3	4	5	6	8	12
Asst. X-ray technicians.....	1	1	2	2	2	3	4	4	6	8	12
Psychiatric social worker.....	2	2	2	2	2	4	4	4	6	6	8
Miscellaneous (to assist in examinations as follows: Ht., Wt., eyes; clerks).....	2	3	5	7	10	12	15	16	24	30	45
Messengers & orderlies.....	2	2	2	2	2	3	4	5	6	8	12
TOTALS	17	19	26	30	36	50	60	66	98	118	176

CHART 3

Suggested additional personnel necessary in those separation centers required to process female personnel.

Average number of female personnel examined per day.....	30	60
Officer Personnel		
Gynecologist.....	0	1
Nurse.....	1	1
TOTALS	1	2
Enlisted Personnel (Female)		
Assistant to gynecologist.....	2	4
Assistant to internist.....	1	3
Assistant to surgeon.....	1	1
Assistant to orthopedist.....	1	1
Assistant to roentgenologist.....	1	1
Asst. to take ht, wt. & measures	1	1
Assistant, miscellaneous.....	1	2
TOTALS	8	13

(2) The suggested team for examining three hundred (300) men per day is as follows:

(a) Officer personnel.

1 chief medical examiner
1 roentgenologist
1 laboratory officer
2 dentists
4 eye, ear, nose, and throat specialists
1 orthopedist
1 surgeon
3 internists (one experienced in tropical diseases)
1 psychiatrist
1 psychologist
5 medical officers, assistants
2 MAC officers, administrative assistants.

(b) Enlisted personnel.

4 noncommissioned officers (in charge of property and supervising enlisted personnel)
2 dental technicians
6 medical clerk-typists
1 stenographer
5 laboratory technicians
2 X-ray technicians
2 assistant x-ray technicians
2 psychiatric social workers
10 miscellaneous (to assist in examinations as follows: height, weight, eyes; clerks)
2 messengers or orderlies.

13. Personnel of review boards.

A review board, to act as provided in Section II, par 10e, will be appointed by the commanding officer of the Separation Center, and will consist of of not less than three (3) medical officers. The list of alternates on this board should include sufficient medical officers to make certain that defects in officers and enlisted personnel presented for discharge will be evaluated by officers with special training in the branches of medicine and surgery concerned.

14. Personnel of Certificate of Disability for Discharge boards.

a. A Certificate of Disability for Discharge board will be appointed and function as required by AR 615-361. Hospitalization is not mandatory for individuals separated in accordance with AR 615-361, unless directed by the examining authority or the Certificate of Disability for Discharge board.

b. In those instances where the individual is separated from the service because of disability and has not been hospitalized, the chief medical examiner of the examining board will be held responsible that all records designated in AR 615-360 be obtained and transmitted to the Veterans

Administration as required. In addition to the above, the chief medical examiner is responsible for the completion and proper disposition of WD AGO Form 8-24 (formerly WD MD Form 52) as required in par 19 d of this manual.

15. Disposition and retiring boards.

a. All officers, or enlisted men with more than 20-years' service whose cases require action by a disposition board or retiring board will be transferred to general hospitals or other hospitals designated to function as general hospitals for this purpose and separated in the manner prescribed by current regulations. In all instances the individuals referred to above will be admitted to the local station hospital and the transfer to the proper medical facility will be made in accordance with existing regulations and policies.

b. If an officer demands to appear before a retiring board regardless of the fact that the medical examining board of the separation center has found no defect, he will be sent before the review board for consideration. After the review board has rendered a decision, the case will be considered as outlined in par 10 e.

SECTION IV

EXAMINATION, REPORTS, AND EQUIPMENT

	Paragraph
Examination	16
Male officers and enlisted personnel	17
Women components	18
Reports	19
Equipment	20

16. Examination.

a. The examination prior to separation will be the same as that prescribed in AR 40-100, AR 40-105, or MR 1-9 for appointment, enlistment, or induction, with such variations as are set forth in this manual. All medical examiners will be alert to the detection of signs of psychiatric disorder and will record such signs in the appropriate space. Only those cases in whom the history or general physical examination indicate the need or advisability of a psychiatric examination will be referred to a psychiatrist. When there is nothing in the general physical examination or history to indicate any psychiatric abnormality, this will be so recorded by the chief medical examiner in the appropriate space.

b. The physical examination given as the terminal examination at the separation center in the case of officers will suffice in lieu of the examination required by current regulation to be held within seventy-two (72) hours prior to separation. No further examination is necessary such as upon termination of accrued leave, unless the officer has suffered from an intervening illness or injury. In cases of the latter type, where the disease or injury is minor and not clinically significant, a detailed report of the injury or illness accomplished by the attending physician will be forwarded to the separation center to which the officer is currently assigned. In all other cases, the officer will report to the nearest Army hospital, dispensary or other medical installation for supplemental examination limited to an amplified history of the illness or injury, the physical findings and such laboratory and X-ray studies as are necessary. The report of this examination will be forwarded to the separation center where the terminal physical examination was accomplished for reclassification and such action as is indicated under Section II of this manual. This report and all related papers will be appended to the report of terminal physical examination when forwarded to The Adjutant General in accordance with current instructions.

c. The urinalysis routinely will include the testing for albumin and sugar. The specific gravity and microscopical examination will not be routinely accomplished but will be done when indicated.

d. A physical inspection need not be accomplished routinely upon arrival of a separatee at an Army Post.

17. Male officers and enlisted personnel.

The examining schedule will be so arranged that officers and enlisted men are examined separately.

18. Women components.

Women components will be examined by boards as established in par 12b(1), with the addition of a gynecologist as a member of the examining board. A nurse or female assistant will be in attendance during the examination. The same examination will be given as required for appointment or enlistment, including a gynecological examination as set forth in AR 40-100, Changes No. 5. Suitable gowns and drapery will be supplied with due regard for the modesty of the individual. Officers and enlisted personnel will be examined separately. Medical histories will be taken by medical officers of trained female personnel.

19. Reports.

a. Officer

The findings of the physical examination and all special studies will be recorded on WD AGO Form 63, single copy only, the audiogram and portions of all four leads of the EKG, when made, will be attached and forwarded to The Adjutant General with other separation records. The nature of the examination will be described as "Terminal". The items referring to color perception and prescription for glasses will not be completed routinely. The report of physical examination will be signed by a minimum of two Medical Corps officers. An indorsement similar to that of the board of review on the WD AGO Form 38 will be appended in those cases necessitating appearance before a review board.

b. Enlisted personnel.

The report of the physical examination including reports of all special studies will be recorded on WD AGO Form 38, single copy only or WD AGO Form 40 as required by AR 615-361 in cases separated because of disability. When such studies are made, the reports and records, such as portions of all four leads of an electrocardiogram properly mounted on Medical Department Form 93J, or an audiogram recorded on a standard audiometric chart, will be forwarded to The Adjutant General together with all other medical and separation records. If the examinee states that he intends to file a claim for disability allowance with the Veterans Administration, a copy of WD AGO Form 38, will be appended to Veterans Administration Form 526 and forwarded to the regional office of the Veterans Administration which has jurisdiction over the territory in which the individual's permanent address is located. If he is to be discharged on C.D.D., a copy of WD AGO Form 40 together with all the available clinical and hospital records will be appended to Veterans Administration Form 526 and forwarded to the appropriate area office of the Veterans Administration, as designated in AR 615-361.

c. WD, AGO Form 8-24 (formerly WD MD Form 52).

In the case of personnel discharged for disability, inaptness, undesirable habits or traits of character when the underlying basis for these characteristics are constitutional psychopathic state, mental deficiency, or

primary behavior disorders such as [illegible] drug addiction or enuresis, a WD AGO Form 8-24 will be prepared in accordance with provisions of AR 40-1025.

(1) Under "Disposition," item 13 of WD AGO Form 8-24, the regulation under which the person is discharged and a reference to the specific diagnosis leading to the discharge will be noted.

(2) Such WD AGO Forms 8-24 which are complete during any one month by the separation center will be forwarded at the end of that month to the Office of The Surgeon General, Washington 25, D. C. It is not necessary that these forms be accompanied by WD AGO Form 8-23 (formerly WD MD Form 51).

d. Veterans Administration Form 526.

It shall be the responsibility of the Administrative Section of the Medical Processing Branch to complete the Veterans Administration Form 526.

e. WD AGO Form 8-122 (formerly WD MD Form 86 ab).

If a Certificate of Disability for Discharge board is established and functions as an integral part of the separation center, a WD AGO Form 8-122 will be forwarded to the Office of The Surgeon General as required by AR 40-1080. Line 10 of Part II, "Patients Table", is the only item that will be reported.

f. Each separation center will render a monthly statistical report on WD AGO Form 8-196, Processing of Military Personnel in Demobilization at Separation Centers, Reports Control Symbol MDS-110, in single copy only, to the office of The Surgeon General, Washington 25, D. C. This report should be dispatched at such time that it will arrive in the Office of The Surgeon General within ten days after the close of the report period as defined on the form referred to above.

g. If the veteran makes a claim, all of the available clinical medical records and reports will be attached to the Veterans Administration Form 526 when forwarded to the Veterans Administration. All other clinical medical records and reports will be enclosed in the separatee's records jacket for transmittal.

20. Equipment.

Equipment will be that prescribed in the Medical Department Equipment List 9730410, Separation Center, Medical Equipment.

SECTION V

MEDICAL HISTORY

	Paragraph
Purpose	21
Interviewers	22
Recording of medical history	23

21. Purpose.--The purpose of an adequate medical history is:

a. To ascertain whether or not certain defects exist which are not readily ascertained through routine physical examination.

b. To give the medical examiners leads as to what findings, either positive or negative, are to be amplified.

c. To indicate whether additional detail study, other than that which is given in a routine physical examination, is to be made, such as neuropsychiatric investigation, gastro-intestinal series, urograms, or blood-sugar studies.

d. To facilitate determining the line of duty status. The medical history is one of the most important items in a complete physical examination and the proper elicitation and recording of it determine whether the report is complete and satisfactory.

22. Interviewers.--If medical officers are available in suuficient numbers, they will take the medical and psychiatric history. If a sufficient number of officers is not available for this purpose, trained enlisted men will be used in the case of male personnel and trained enlisted females will be used in the case of women. Psychiatric social workers will be used to assist the psychiatrists in obtaining additional psychiatric history in cases referred for detailed examination.

23. Recording of medical history.--An exact and essential medical history will be obtained and recorded in the appropriate space (Medical History on WD AGO Form 38, or WD AGO Form 63, whichever applies). This history will include all contributory illnesses, injuries, and operations. Each examinee will be asked specifically whether he has had malaria or syphilis during his tour of active service. The answer will be recorded in the space Medical History, on WD AGO Form 63, or WD AGO Form 38, and on Separation Serology Report Form in the spaces allocated. The examination will amplify the medical history obtained and the findings will be recorded on the report form. The psychiatric history will include the following information:

a. History of any maladjustment or functional nervous disorder manifested prior to entering the service or during military service.

b. The extent to which the individual has been on sick call or in the hospital for a "nervous disorder" during his period of military service.

c. Incidence of absences without leave, trials by court-martial, periods of confinement and appearances before AR 615-368 or AR 615-369 boards.

d. Presence of any of the following symptoms: chronic fatigue, nervousness, irritability, insomnia, nightmares, depression, hypersensitivity to noise and persistent headaches.

SECTION VI

EYE AND EAR EXAMINATION

Paragraph

Eyes..... 24
Ears..... 25

24. Eyes.

a. Examination for disease.

The eyes will be inspected for the presence of disease, especially trachoma. Further detailed examination for organic eye disease will be accomplished when indicated.

b. Determination of visual acuity.

(1) Visual acuity will be determined by standard methods. Except as otherwise noted, each eye will be examined separately, without glasses, covering the other eye with a card (not with the hand). The individual is placed twenty (20) feet from the test chart and is directed to read the test types from the top of the chart down as far as he can see, and his acuity of vision is recorded for each eye with the test distance of 20 feet as the numerator of a fraction and the size of the type of the lowest line he can read correctly as the denominator. If he reads the 20-foot type correctly, his vision is normal and recorded 20/20; if he does not read below the 30-foot type, the vision is imperfect and recorded 20/30; if he reads the 15-foot type, the vision is unusually acute and recorded 20/15.

(2) Color preception will not be tested or recorded routinely nor will it be necessary to record the prescription required to correct a refractive error.

c. Spectacles.

The procurement of spectacles will be governed by the instructions outlined in paragraphs 18-19, War Department Pamphlet 8-5, Procurement of Spectacles for Military and Other Authorized Personnel, 20 June 1944. However, only one pair of spectacles will be issued to an individual provided he does not possess a serviceable and satisfactory pair. If spectacles are required, a copy of the prescription will be given the individual and the spectacles forwarded to him at his home.

25. Ears.

a. Examination for disease.

The external ears and mastoid region will be examined by inspection, and if necessary, the mastoid region by palpation. The external auditory canal and membrana tympani will be examined by reflected light or by a self-illuminating otoscope. Cerumen will be removed, if necessary, in order to satisfactorily visualize the membrana tympani.

b. Determination of auditory acuity.

Acuity of hearing will be determined by the whispered-voice test, using a closed hearing tunnel from which gross external noise is excluded. To determine the acuity of hearing, place the registrant facing at right angles to the assistant, 15 feet distant, with ear to be tested toward the assistant, and direct him to repeat promptly the words whispered by the assistant. If the registrant cannot hear the words at 15 feet, the assistant will approach foot by foot, using a whisper of constant volume, until the words are correctly repeated. Examine each ear separately, closing the other ear by pressing the tragus firmly against the meatus; the examiner may face the same direction as the registrant and close one of his own ears in the same way as a control. The assistant will use a whispered voice produced by speaking with the lungs in a state of complete exhalation so as to assure as great uniformity of sound output as possible. The whisper should be plainly audible to the examiner and use will be made of numerals, names of places, and other words or sentences, until the condition of the registrant's hearing is evident. The acuity of hearing will be expressed as a fraction, the denominator is 15 and is a constant, representing the distance in feet, at which the words are heard by the average normal ear. Thus 15/15 indicates normal hearing; 10/15 partial hearing of a degree indicated by the fraction, i.e., the examinee hears at ten feet distance the words which the normal ear hears at 15 feet.

SECTION VII

DENTAL EXAMINATION

	Paragraph
Method and extent of examination.....	26
Dental treatment.....	27

26. Method and extent of examination.--A thorough dental examination will be made by a dental officer using a mouth mirror and explorer and adequate lighting. The carious restorable teeth will be indicated by O; non-restorable carious teeth by /; missing natural teeth by X; teeth replaced by denture, horizontal line over X, such as $\overline{XXX}$; and teeth replaced by fixed bridge, oval to include abutments, such as $\overline{(4x6)}$. Malocclusion and periodontoclasic will be recorded as slight, moderate, or severe. Dentures will be classified as satisfactory or unsatisfactory. If the prosthetic appliance is not satisfactory, the record will briefly state whether the applicance requires rebasing, reconstruction, or repair. If an individual declares that his denture is satisfactory, the dental officer will not classify it otherwise

27. Dental treatment.--Individuals having Class I dental defects which are incapacitating or likely to interfere with performance of duties in military or civilian life, or individuals who have lost anterior teeth in line of duty, will be provided with appropriate treatment and/or prosthetic appliances prior to separation if the individual so desires. Routine dental treatment, such as for Class II's, etc., may be provided for individuals, providing time, facilities and dental personnel are available, and providing the individual elects to have such treatment.

SECTION VIII

CHEST EXAMINATION

	Paragraph
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Disposition of individuals examined	29
Disposition of chest X-ray files	30

28. Procedure.

Examination of the chest will include X-ray and physical examination. Chest X-ray examination will be made insofar as possible by photoroentgen units, using 4 x 10 inch stereoscopic films. Special attention will be given to the detection of pulmonary tuberculosis. When a lesion is suspected and the photoroentgen film is not fully diagnostic, standard size (14 x 17) X-ray films will be made. In the case of individuals who have passed their fiftieth (50th) birthday an electrocardiogram will be made. In these cases, report will be made on Medical Department Form 55J, a sample of each lead will be attached and this report stapled to the examination report form.

29. Disposition of individuals examined.

Individuals with negative chest films or with no chest abnormality other than calcified nodules or nodes of primary tuberculosis will be considered physically qualified for discharge or relief from active duty without further study, and notation will be made in the space on the form allotted to Chest X-ray: "No significant abnormality." Individuals with scars of lesions of minimal extent believed to represent long healed tuberculosis of reinfection type, will likewise be considered qualified for discharge or relief from active duty without further study; in such cases the notation will be "arrested tuberculosis of minimal extent, not considered clinically significant". Individuals with scars of lesions of more than minimal extent and individuals with lesions in which there is reason to believe the process is not wholly arrested, will be hospitalized for further study, with a view to classification of their lesions as either arrested tuberculosis, not considered clinically significant, or active tuberculosis. Individuals with active tuberculosis of the lungs or lymph nodes, or with pleurisy with effusion, will be hospitalized pending appearance before disposition and/or retiring boards in the case of officers or enlisted men with more than 20-years' service, or discharge on Certificate of Disability for Discharge in the case of enlisted personnel. Notation on the record will be made in accordance with the classification of pulmonary tuberculosis given in AR 40-1025. Care will be taken that non-tuberculous infiltrations are not read as tuberculosis. In borderline cases comparison will be made at the hospital with the film made at the time of the individual's acceptance for current military service, which is to be requested from the Veterans Administration, Kansas Avenue and Upshur Street, N.W., Washington 25, D. C., in the case of enlisted men, and the War Department Records Branch, The Adjutant General's Office, Washington 25, D. C., in the

case of officers. In the evaluation of nontuberculous lesions, such as pulmonary emphysema, asthma, bronchiectasis, mycotic infections, other pulmonary infections and neoplasms, clinical judgment will be used in determining whether or not the lesion found is permanent and its significance in affecting the individual's capacity to perform duties satisfactorily in a civilian occupation.

30. Disposition of chest X-ray films.

Chest X-ray films will be clearly marked with the necessary identifying data, which will include place of examination, date, identification of discharge film, the individual's name, Army serial number, age in years, actual or estimated weight in pounds and abbreviation for race (W for White, N for Negro, O for other), and the sequence number indicated on his physical examination worksheet or WD AGO Form 38. It is most satisfactory when these data are photographed on the film. In the case of 4 x 10 inch photoroentgenographic films the identifying data will be typed on the X-ray identification slips in the manner indicated in the following examples for officers and enlisted men respectively.

Separation Center	O 417 983 Captain
20 May 1944	Shaw, Charles H.
Fort Dix, New Jersey	39 W 163
Discharge film	O - 707

Separation Center	33 068 015
23 May 1944	Doe, John J.
Fort Dix, New Jersey	39 W 164
Discharge film	101

Films of officers who are to be relieved from active duty will be placed in properly labelled envelopes and sent for file to the War Department Records Branch, The Adjutant General's Office, Washington 25, D. C. Films of enlisted personnel to be discharged will be sent for file to the Veterans Administration, Kansas Avenue and Upshur Street, N.W., Washington 25, D. C. Four by ten inch (4 x 10) films will be jacketed in standard size envelopes (10 3/8 x 4 1/2 inches). Envelopes in which films are enclosed will be identified by use of the individual addressograph plate of each man processed. The addressograph stamp is to be placed at the left hand end of the face of the envelope with the upper border one inch from the end of the envelope, so that the data may be read when the film is filed in a drawer with that end uppermost. Fourteen by seventeen inch (14 x 17) films will be jacketed, and the individual's x-ray identification slip will be pasted in the upper right hand corner of the jacket. Films of officers or enlisted personnel who are to be hospitalized for further care in an Army hospital will be forwarded to the hospital designated, together with the individual's other records.

SECTION IX

MUSCULOSKELETAL EXAMINATION

Paragraph

Extent of examination..... 31
Use of X-ray..... 32

31. Extent of examination.

a. Joints. Loss of function is the cardinal consideration in evaluating residuals of injury to or disease of a joint. The following points should be recorded:

(1) Less movement than normal; presence of ankylosis, limitation or blocking, adhesions, tendon fixation, contracted scars.

(2) More motion than normal; flail joint, relaxation of ligaments, resections.

(3) Weakened motion; muscle injury, injury or disease of peripheral nerves, divided or lengthened tendons, excess fatigability.

(4) Pain on movement.

(5) Incoordination, impaired ability to execute skilled movements.

(6) Deformity, atrophy, or swelling.

(7) Interference with sitting, standing, or weight bearing.

Other normal motions of the joint besides flexion and extension must not be overlooked, e.g., supination and pronation of the forearm and adduction and abduction, circumduction and rotation of the shoulder and hip. The presence of anteroposterior or lateral instability of the knee should always be recorded with a history of frequent episodes of synovitis, displaced cartilage, tear of lateral ligaments or chronic joint strain. Where joint motion is limited, the arc through which it is reduced and the arc through which it is preserved should be stated. (See Figure 1 and 2 showing area of flexion and extension of elbow and knee.) The use of a goniometer is required for accurately measuring angular position.

b. Bones.--When a history of bone injury or disease is given, the location and extent of the injury or disease will be reported as well as the residual disability, e.g., pain, weakness, deformity, shortening of the part. In non-union of a fracture, where shortening exists length should be recorded for both the normal and injured extremity. In amputations, record will be made of the exact amputation level, the length of the stump and its condition.

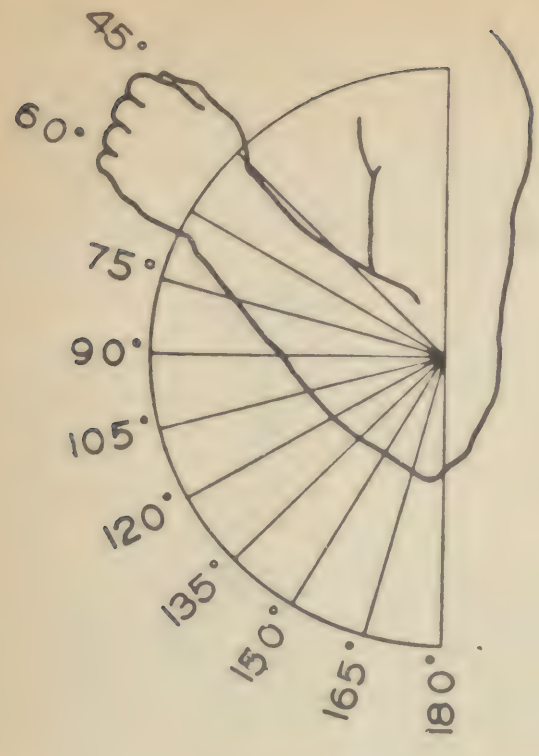


FIGURE 1

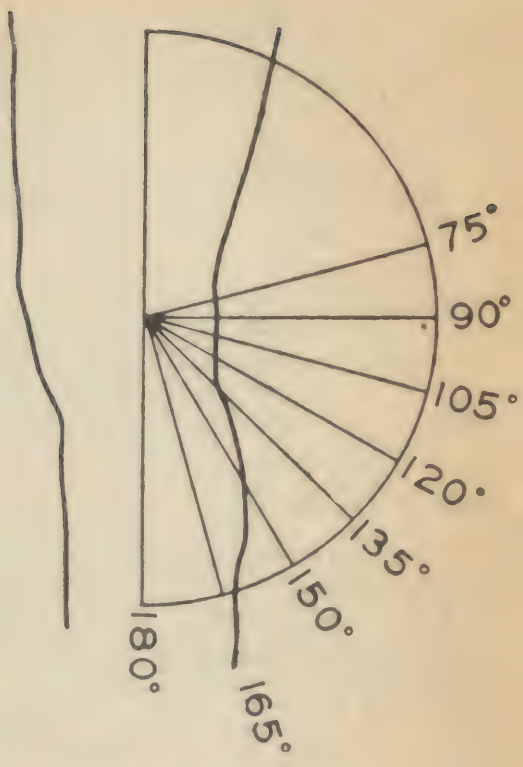


FIGURE 2

c. Muscles.--Where muscle injuries exist, the residual weakness, fatigue, pain and incoordination of movements will be recorded as well as the size and location of the scars, the loss of muscle tissue and loss of tone. In cases of muscular atrophy the circumference will be recorded at exact levels for both the normal and injured extremities.

d. Peripheral nerve injuries.--Record will be made as to whether the involvement is motor or sensory, or both, and whether it is complete or incomplete. It should be noted that loss of motion may be the result of conditions other than muscular paralysis, i.e., ankylosis, tendon injury, contracture, etc.

32. Use of X-ray.--Separation X-ray studies and report will be made in all cases of history of significant bone disease or injury, when in the opinion of the examiners such X-rays are indicated.

SECTION X

TROPICAL DISEASES

	Paragraph
General	33
Special medical history	34
Special medical examination	35
Treatment	36

33. General.

In the medical processing of individuals for separation, the examiners concerned should keep in mind the protection of the health of the individual and of the public. A special effort will be made to search out, study, and, when indicated, treat individuals who, after discharge, might suffer from persistence or recrudescence of infection acquired in military service, or who might unknowingly spread disease in their home communities. When necessary, individuals will be hospitalized.

34. Special medical history.

The medical history should show the extent of exposure, the occurrence of clinical attacks and treatment in connection with tropical diseases while in the service. Diseases of particular importance include:

a. Malaria
b. Amebic dysentery
c. Bacillary dysentery
d. Filariasis
e. Schistosomiasis
f. Leishmaniasis (kala azar)
g. Hookworm infection
h. Trachoma
i. Leprosy
j. Tropical skin diseases

35. Special medical examination.

As indicated in the following paragraphs, special procedures are required under certain circumstances in connection with the possible presence of specific diseases. The indicated procedures (and others) may also be necessary in other circumstances brought out by the history or general physical examination. When the possibility arises of other important tropical diseases than those mentioned below, appropriate diagnostic examinations will be made if possible or the individual will be immediately hospitalized.

a. Malaria.

(1) All individuals who, during the previous two years, have had

malaria or served in a hyperendemic area and have taken suppressive treatment should be warned that they may have a relapse or an initial clinical attack. They should be instructed to seek prompt medical attention and have a blood examination for malarial parasites in case of a febrile illness.

(2) When an individual has had repeated attacks of malaria in the service, he should be examined for splenomegaly and other signs of chronic malaria.

(3) When an individual has had an attack of malaria within the previous three months or has discontinued the taking of suppressive treatment within the previous thirty days or when symptoms or signs suggest the presence of acute or sub-clinical malaria, a thick blood film should be examined for parasites (pars. 435 to 439, TM 8-227, Methods for Laboratory Technicians).

b. Amebic dysentery.

When an individual gives a history of a clinical attack within the previous six months which is suspected of being due to amebic dysentery or when symptoms or signs suggest the presence of active amebic dysentery, smear of freshly passed stool specimen should be examined for Endamoeba histolytica (pars. 417 and 418, TM 8-227).

c. Bacillary dysentery.

When an individual gives a history of a clinical attack within the previous month which is suspected of being due to bacillary dysentery or when symptoms or signs suggest the presence of active bacillary dysentery, stool should be cultured on special media for pathogenic bacteria (pars. 200 to 214, TM 8-227), using the rectal swab technique (par. 3b. TB MED 119), Bacillary Dysentery).

d. Filariasis.

When the history indicates that the individual has been previously studied or treated for filariasis in the military service or when, following exposure to the disease, symptoms suggestive of filariasis have occurred within the previous six months, the lymphatic system and scrotal contents should be carefully examined and any evidence of elephantiasis noted; thick film examination should be made for microfilariae in blood specimens taken during daytime and at night (par 437, TM 8-227). Individuals who have had filariasis and no longer have any manifestations of the disease should be reassured as to the unlikelihood of future complications (see par 5c, TB MED 142, Filariasis (Wucheria) with Special Reference to Early Stages).

e. Schistosomiasis.

When the history indicates that the individual has been previously studied or treated for schistosomiasis in the military service or when, following exposure to the disease, symptoms suggestive of schistosomiasis have occurred within the previous six months, the abdomen should be palpated to determine whether the spleen or liver is enlarged; the blood should be examined for eosinophilia; and stool (or urine in the case of schistosomiasis haematobia)

should be examined for ova (pars. 449 and 453, TM 8-227).

f. Leishmaniasis.

When the history indicates that the individual has been previously studied or treated for leishmaniasis in the military service or when, following exposure to the disease, symptoms suggestive of leishmaniasis have occurred within the previous six months, examination should be done to determine the presence of fever, marked loss of weight, anemia, leukopenia, and enlargement of liver and spleen.

g. Hookworm infection.

When the history indicates that the individual has been treated within the previous six months for hookworm infection or when unexplained anemia is present, stool specimen should be examined for ova (par 449, TM 8-227).

h. Trachoma.

When the history or general physical examination indicates symptoms or signs suggestive of trachoma, the conjunctival surfaces should be carefully inspected; if suspicion still exists, slit-lamp examination should be done.

i. Leprosy.

When the history or the general physical examination suggests the presence of leprosy, the skin and nervous system should be carefully examined and smear of nasal secretion examined for typical acid-fast bacilli.

36. Treatment.

a. Demonstrated carriers, even though asymptomatic, should be treated (carriers of Endamoeba histolytica or hookworms may be treated as outpatients if practicable). Individuals with microfilariae in the blood who have neither symptoms nor signs should not be retained for further study or treatment.

b. When the actual presence of one of the diseases mentioned in paragraph 32 is demonstrated by examination, or when serious suspicion of the actual presence of one of these diseases persists but cannot be confirmed, or whenever it is deemed necessary for isolation, precise diagnosis, or treatment of any tropical disease, the individual will be hospitalized. Existing regulations and directives or established policies will be followed in regard to treatment and disposition.

SECTION XI

VENEREAL DISEASE

Paragraph

Treatment and disposition of individuals with venereal disease separated at separation centers..... 37

Treatment and disposition of individuals with venereal disease separated at other than separation centers..... 38

37. Disposition of individuals with venereal disease separated at separation centers.

a. Examination and treatment. All military personnel will be examined for venereal disease during the terminal physical examination. Individuals with primary, secondary, or complicated syphilis, such as neurosyphilis or cardiovascular syphilis, will be treated in accordance with current directives prior to discharge. Individuals with gonorrhea, chancroid and other venereal diseases will be treated until cured or until they have received maximum benefit. Serologic and clinical follow-up of syphilis cases will be carried out by civilian agencies after separation.

b. Blood serology. All individuals will have a blood specimen for serologic test for syphilis taken as the last procedure during the terminal physical examination. The serology report form will be sent with the blood specimen to the Army laboratory designated to perform serologic tests for the separation center. The names of all individuals with positive or with doubtful serologic tests will be reported at the earliest possible time to the United States Public Health Service representative at the separation center. The result of the serologic test will be entered by the laboratory on the serology report form which will be returned to the separation center. The Medical Administrative Section of the Medical Processing Branch will transcribe the results of the serologic test on WD AGO Form 63 or 38, whichever applies, and will transmit the report form to the United States Public Health Service representative at the separation center.

c. A United States Public Health Service representative will be assigned full time to the separation center. This representative will be given the results of the serologic tests at the earliest possible time in order that he may interview separatees with positive or doubtful tests prior to their departure. To facilitate his work he will be given a duplicate copy of the roster.

d. Syphilis register. The permanent mailing address of the separatee will be entered in the space provided for that purpose in the syphilis register, WD AGO Form 8-114 (formerly WD MD Form 78); if only WD MD Form 78 is available, the permanent mailing address will be entered on page one (1) in the space following line "3. Died ....." The syphilis register will then

be transmitted directly to the United States Public Health Service representative at the separation center for abstracting, following which it will be forwarded to the Office of The Surgeon General, Washington 25, D. C.

e. Separation to be expedited. Separation will not be delayed because of a positive or doubtful serologic test for syphilis or pending the arrival of the syphilis register, nor will the separatee with a history of syphilis be hospitalized for diagnostic evaluation or treatment unless primary, secondary or complicated syphilis is discovered during the terminal physical examination.

f. Agreement with the United States Public Health Service. The United States Public Health Service has agreed to obtain all necessary information from records made available by the Army and to forward the required data to responsible civilian agencies in order to assure necessary examination, observation, or treatment of individuals requiring medical attention subsequent to discharge from the Army.

38. Treatment and disposition of individuals with venereal disease separated at other than separation centers. For individuals separated at other than officially designated separation centers and at which no U. S. Public Health Service representative is assigned, the provisions of Par. 37 will apply except that the Separation Serology Report Form (after its return from the Army laboratory and entry of results on Form 63 or 38, whichever applies) and the Syphilis Register will be sent to the nearest of the following regional offices of the U. S. Public Health Service:

U. S. Public Health Service
1407 U. S. Appraisers Building
San Francisco 11, California

U. S. Public Health Service
831 Mercantile Bank Building
Commerce at Ervay Street
Dallas 1, Texas

U. S. Public Health Service
Room 852, U. S. Customs House
610 South Canal Street
Chicago 7, Illinois

U. S. Public Health Service
Venereal Disease Division
Bethesda Station
Washington 14, D..C.

(Transmittal of these forms to a different regional office may be directed by Service Command Headquarters on the recommendation of the Service Command U. S. Public Health Service Liaison Officer.) The separatee should be informed before separation that he has a positive or doubtful serologic test for syphilis and advised to have further blood tests and examination after separation. Those separatees with a positive or doubtful test, and with no history of previous diagnosis or treatment of syphilis, should be informed that the test does not necessarily mean they have syphilis, but does indicate most strongly the need for further study.

SECTION XII

PSYCHIATRIC DISORDERS

Paragraph

Methods of examination..... 39
Criteria for discharge..... 40
Indications for further examination..... 41
Criteria for disability discharge..... 42

39. Methods of examination.

The psychiatric examination will be made outside of the easy hearing of other individuals. It will be performed only on those who are referred to the psychiatrist because the history or physical examination indicate the need or advisability of such an examination. Board proceedings on individuals to be separated under AR 615-368 or AR 615-369 will be made available for the use of the psychiatrist or other members of the medical examining team. When available, psychiatric social workers will be assigned to assist the psychiatrist in interviewing and amplifying medical histories on those individuals referred to the psychiatrist for examination.

40. Criteria for discharge.

When examination reveals:

a. No psychiatric disorder and when there are no complaints referable to the nervous system.

b. Minor functional complaints or findings which have not been incapacitating, such as are found in individuals with mild chronic anxiety states or unexplained cephalalgias, the individual will be placed in class "A" for separation. These complaints will be recorded briefly on the report of final physical examination.

41. Indications for further examination.

When routine examination reveals signs suggestive of a significant psychiatric disorder or when there are complaints, stated to be incapacitating, such as frequent severe headaches, pronounced nervousness or tremulousness, fainting spells, and persistent insomnia or weakness, a thorough examination will be given by a neuropsychiatrist to determine the presence or extent of the disorder. The individual may be hospitalized if indicated. If it is the opinion of the neuropsychiatrist that the individual is not incapacitated, the findings will be submitted to a board of review as defined in par 13.

42. Criteria for disability discharge.

a. Individuals found to have permanent or progressive psychiatric disorders, such as pronounced psychoneurosis, dementia praecox, or other psy-

chosis, not transient in nature and considered incapacitating for military service, or of such character as to prevent satisfactory performance of duties in civil occupations will be discharged as provided in par 10b.

b. Individuals with transient psychiatric disorders, such as acute situational anxiety states or depressions and toxic psychoses, will be retained in the service until they have recovered or until maximum improvement is attained and then discharged under the appropriate Army regulations.

c. Individuals whose disabilities, difficulties, or symptom formations are primarily the result of constitutional defects in personality (psychopathic personality) or physical make-up will be recommended for discharge under the appropriate Army regulations.

SECTION XIII

NEUROLOGICAL DISORDERS

Paragraph

Methods of examination..... 43
Criteria for discharge..... 44
Indications for further examination..... 45
Criteria for disability discharge..... 46

43. Methods of examination.

The neurological examination will be conducted with the individual completely undressed except in the case of females, who will be properly draped, and will include at least the following:

a. Observation of gait.

b. Tests for ataxia and coordination (Romberg and finger to nose test and rapid alternate movements of hands).

c. Speech (including test phrases).

d. Observation for tremors and other abnormal movements.

e. Tests for motor power of all extremities and observation for muscle atrophy.

f. Biceps, triceps, knee and ankle jerks; abdominal, cremasteric and plantar reflexes.

g. Gross testing for any impairment of superficial pain sensation.

h. Cranial nerve examination, with particular attention to the movements of the eyes, face, and tongue, and to the pupillary reactions.

44. Criteria for discharge.

When examination reveals:

a. No neurological disorder as manifested by absence of signs referable to involvement of the brain, spinal cord, or peripheral nerves;

b. Evidences of old lesions (such as residual atrophies from poliomyelitis) which are nonprogressive and not incapacitating;

c. Minor findings, such as slight tremors or slight asymmetry in the reflexes and muscle groups not associated with any other findings indicative of nervous system disease, the facts will be recorded and the individual concerned will be considered qualified for immediate discharge.

45. Indications for further examination.

When there are complaints of defects stated to be incapacitating, referable to the nervous system, even in the absence of objective findings, a thorough examination will be given by a neuropsychiatrist to determine the presence and extent of the disorder. The individual may be hospitalized if indicated. If it is the opinion of the neuropsychiatrist that the individual is not incapacitated, the findings will be submitted to a board of review as

defined in paragraph 13.

46. Criteria for disability discharge.

Individuals found to have permanent or progressive neurological disorders which are considered incapacitating for military service, or which would prevent satisfactory performance of duties in civil occupations will be separated from the service under the appropriate Army regulations.

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